U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF		COURT CASE NUMBER	
Jerome Allen James			50 - 151
EFENDANT TYPE OF PROCESS		08C101	9 000 101
Michael Sheahan			
CHARGE OF MAME OF INDIVIDUAL COMPANY CORROR STICK	ETO TO OFFICE OF SECO	s/c	
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION,		RIPTION OF PROPERTY TO S	SEIZE OR CONDEMN
Michael Sheahan, Former Sheriff of			
ADDRESS (Street or RFD, Apartment No., City, State a	and ZIP Code)		
AT The Daley Center 50 W. Washington,	Chicago, IL 6060)2 Room 704 or 70	1
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND AD	ORESS BELOW: Nurse	ber of process to be	
		d with this Form - 285	1
Jerome Allen James, B-68976		200	
Stateville-STV	Num	ber of parties to be	
P.O. Box 112	•	d in this case	11
Joliet, IL 60434	 		
<u> </u>		k for service	
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIS	T IN EXPEDITING SERVI	CE (Include Business and Alt	ernate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):		_	Fold
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CL	ERW CHAEL W SEO	os.	
•	MICHAEL W. DOBB	NS	
,	MICHAEL W. DORB ERIK, U.S. DISTRICT ( PLAINTIFF TELI	Oup-	
Signature of Attorney or other Originator requesting service on behalf of:	TELE	PHONE NUMBER	DATE
	☐ DEFENDANT		040208
SPACE BELOW FOR USE OF U.S. MARSHAL	ONIX — DO NO	T WRITE BELOW	THIS LINE
I acknowledge receipt for the total Total Process District District	Signature of Authorized US	MS Deputy or Clerk	Date
number of process indicated. of Origin to Serve	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Td
(Sign only first USM 285 if more 1 of 11 24			04-02-08
than one USM 285 is submitted) No No			1
I hereby certify and return that I have personally served, 🗆 have legal evidence	of service, 🗀 have executed a	s shown in "Remarks", the pro	cess described
on the individual, company, corporation, etc., at the address shown above or on the	e individual, company, corpor	ation, etc., shown at the addres	s inserted below.
☐ I hereby certify and return that I am unable to locate the individual, comp	pany, corporation, etc., name	d above (See remarks below)	
Name and title of individual served (if not shown above)		A &	
Transport time of marviada served (if not support above)	1		able age and dis- ling in the defendant's
text framer ( -cura ) (	ons (	usual place of a	
Address (complete only if different than shown above)	<u> </u>	Date of Service Ti:	me am
		10 mg Al	A
		5506	215 pm
		Signature of U.S. Ma	arsh i or Oppuly
		I Frank	Eliet
Service Fee Total Mileage Charges Forwarding Fee Total Charges A	duanca Danasia   1	1 1 2 4 4 1 1 1 2 4 1 1 1 1 1 1 1 1 1 1	4
Service Fee Total Mileage Charges   Forwarding Fee Total Charges   A	Advance Deposits Amount	owed to U.S. Marshal or	Amount of Refund
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1000 0	<u></u>		<u> </u>
REMARKS:	· ~~		
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